Appendix F

U.S. Postal Service Standard Abbreviations

(mainly Street Types)

U.S. Postal Service Standard Abbreviations

Alley	Aly	Curve	Curv	Hill	Hl	Park	Park	Spring	Spg
Annex	Anx	Dale	Dl	Hills	Hls	Parkway	Pkwy	Springs	Spgs
Apartment	Apt	Dam	Dm	Hollow	Holw	Parkways	Pkwy	Spur	Spur
Arcade	Arc	Department	Dept	Inlet	Inlt	Pass	Pass	Spurs	Spur
Avenue	Ave	Divide	Dv	Island	Is	Passage	Psge	Square	Sq
Basement	Bsmt	Drive	Dr	Islands	Iss	Path	Path	Squares	Sqs
Bayoo	Byu	Drives	Drs	Isle	Isle	Penthouse	Ph	Station	Sta
Beach	Bch	Estate	Est	Junction	Jct	Pier	Pier	Stop	Stop
Bend	Bnd	Estates	Ests	Junctions	Jcts	Pike	Pike	Stravenue	Stra
Bluff	Blf	Expressway	Expy	Key	Ky	Pine	Pne	Stream	Strm
Bluffs	Blfs	Extension	Ext	Keys	Kys	Pines	Pnes	Street	St
Bottom	Btm	Extensions	Exts	Knoll	Knl	Place	Pl	Streets	Sts
Boulevard	Blvd	Fall	Fall	Knolls	Knls	Plain	Pln	Suite	Ste
Branch	Br	Falls	Fls	Lake	Lk	Plains	Plns	Summit	Smt
Bridge	Brg	Ferry	Fry	Lakes	Lks	Plaza	Plz	Terrace	Ter
Brook	Brk	Field	Fld	Land	Land	Point	Pt	Throughway	Trwy
Brooks	Brks	Fields	Flds	Landing	Lndg	Points	Pts	Trace	Trce
Building	Bldg	Flat	Flt	Lane	Ln	Port	Prt	Track	Trak
Burg	Bg	Flats	Flts	Light	Lgt	Ports	Prts	Trafficway	Trfy
Burgs	Bgs	Floor	Fl	Lights	Lgts	Prairie	Pr	Trail	Trl
Bypass	Byp	Ford	Frd	Lobby	Lbby	Radial	Radl	Trailer	Trlr
Camp	Cp	Fords	Frds	Lock	Lck	Ramp	Ramp	Tunnel	Tunl
Canyon	Cyn	Forest	Frst	Locks	Lcks	Ranch	Rnch	Turnpike	Tpke
Cape	Cpe	Forge	Frg	Lodge	Ldg	Rapid	Rpd	Underpass	Upas
Causeway	Cswy	Forges	Frgs	Loop	Loop	Rapids	Rpds	Union	Un
Center	Ctr	Fork	Frk	Lot	Lot	Rear	Rear	Unions	Uns
Centers	Ctrs	Forks	Frks	Lower	Lowr	Rest	Rst	Unit	Unit
Circle	Cir	Fort	Ft	Mall	Mall	Ridge	Rdg	Upper	Uppr
Circles	Cirs	Freeway	Fwy	Manor	Mnr	Ridges	Rdgs	Valley	Vly
Cliff	Clf	Front	Frnt	Manors	Mnrs	River	Riv	Valleys	Vlys
Cliffs	Clfs	Garden	Gdn	Meadow	Mdw	Road	Rd	Viaduct	Via
Club	Clb	Gardens	Gdns	Meadows	Mdws	Roads	Rds	View	Vw
Common	Cmn	Gateway	Gtwy	Mews	Mews	Room	Rm	Views	Vws
Corner	Cor	Glen	Gln	Mill	Ml	Route	Rte	Village	Vlg
Corners	Cors	Glens	Glns	Mills	Mls	Row	Row	Villages	Vlgs
Course	Crse	Green	Grn	Mission	Msn	Rue	Rue	Ville	Vl
Court	Ct	Greens	Grns	Motorway	Mtwy	Run	Run	Vista	Vis
Courts	Cts	Grove	Grv	Mount	Mt	Shoal	Shl	Walk	Walk
Cove	Cv	Groves	Grvs	Mountain	Mtn	Shoals	Shls	Walks	Walk
Coves	Cvs	Hangar	Hngr	Mountains	Mtns	Shore	Shr	Wall	Wall
Creek	Crk	Harbor	Hbr	Neck	Nck	Shores	Shrs	Way	Way
Crescent	Cres	Harbors	Hbrs	Office	Ofc	Side	Side	Ways	Ways
Crest	Crst	Haven	Hvn	Orchard	Orch	Skyway	Skwy	Well	Wl
Crossing	Xing	Heights	Hts	Oval	Oval	Slip	Slip	Wells	Wls
Crossroad	Xrd	Highway	Hwy	Overpass	Opas	Space	Spc		

source: *Official U.S. Postal Service Abbreviations* -- http://www.usps.gov.ncsc/lookups/usps_abbreviations.htm

Appendix G

Facility Codes for fields

"Institution Referred From"

and

"Institution Referred To"

This Appendix contains MCR codes and ACoS codes for facilities that report (or have reported) cancer cases to the MCR.

Also included are NAACCR codes for other state central registries which may be used for patients referred from or to a facility in another state. These are listed as "facility in Alabama", for example.

Also included are some long-term care facilities, health maintenance organizations and other entities which report/ed cases to the MCR.

Also included are some entities for which we obtained an ACoS code that do not report to the MCR.

The facility names in this table are not the formal names of the institutions. They are just short "in-house" names.

MCR Codes or the standard ACoS/NAACCR codes may be used for case reports sent to the MCR. Not all facilities have a known ACoS code.

Facility (short name)	MCR Code	ACoS Code
Aberjona Nursing Ctr	3848	
Addison Gilbert	2016	
Amesbury Hospital	2078	0006140030
Anna Jaques	2006	0006141500
Annemark NH	3864	
Apple Valley NH	3915	
Athol Memorial	2226	0006140065
Baystate Med Ctr	2339	0006141955
Bear Hill Nursing Ctr	3861	
Beaumont Rehab Northbridge	3160	
Beaumont Rehab Westboro	3865	
Belmont Mnr Nurs Rehab	3208	
Berkshire Med Ctr	2313	0006141705
Beth Israel Deaconess	2069	0006140170
Beverly	2007	0006140130
Boston Med Ctr	2084	0006140440
Boston Regional Med Ctr	2060	0006141350
Boston VA Healthcare System	2988	0006140570
Braintree Rehab	2333	
Brewster Senior Care	3837	
Brigham & Women's	2341	0006140218
Brockton	2118	0006140630
Brook Farm Rehab & Nurs Ctr	3539	
Cambridge	2108	0006140730
Cape Cod	2135	0006141130
Caritas Good Samaritan	2101	0006140631
Caritas Norwood (Southwood)	2114	0006141630
Carney	2003	0006140255
Charlene Mnr	3894	
Chelsea/Jewish NH	3559	
CHEM Ctr for Radiation	1340	0006143098
Children's Hospital (DFCI)	2139	0006140270
Choate Health System Caufield Ctr	2089	0006140045
Christopher House Worc	3693	
Clinton	2126	0006140840
Cooley Dickinson	2155	0006141570

Facility (short name)	MCR Code	ACoS/NAACCR Code
Cozy Corner NH	3039	
Crawford SN & Rehab	3716	
Ctr for Extended Care	3024	
Ctr for Optimum Care	3905	
Ctr for Rehab & Nurs Care	3069	
Dana-Farber	2335	0006140583
Deaconess Glover	2054	0006141450
Deaconess Nashoba	2298	0006140090
Deaconess Waltham	2067	0006142090
Den Mar NH	3297	
Don Orione NH	3479	
D'Youville Senior Care	3176	
Eastpointe Nursing Care Ctr	3939	
Elihue White NH	3414	
Elizabeth Seton Residence	3853	
Ellis Nursing & Rehab	3793	
Emerson	2018	0006140850
facility in Alabama	8037	00003700
facility in Alaska	8091	00009100
facility in Arizona	8087	00008700
facility in Arkansas	8071	00007100
facility in California	8097	00009700
facility in Colorado	8083	00008300
facility in Connecticut	8007	00000700
facility in Delaware	8017	00001700
facility in District of Columbia	8022	00002200
facility in Florida	8035	00003500
facility in Georgia	8033	00003300
facility in Hawaii	8099	00009900
facility in Idaho	8081	00008100
facility in Illinois	8061	00006100
facility in Indiana	8045	00004500
facility in Iowa	8053	00005300
facility in Kansas	8065	00006500
facility in Kentucky	8047	00004700
facility in Louisiana	8073	00007300

Facility (short name)	MCR Code	ACoS/NAACCR Code
facility in Maine	8002	00000200
facility in Maryland	8021	00002100
facility in Michigan	8041	00004100
facility in Minnesota	8052	00005200
facility in Mississippi	8039	00003900
facility in Missouri	8063	00006300
facility in Montana	8056	00005600
facility in Nebraska	8067	00006700
facility in Nevada	8085	00008500
facility in New Hampshire	8003	00000300
facility in New Jersey	8008	00000800
facility in New Mexico	8086	00008600
facility in New York	8011	00001100
facility in N. Carolina	8025	00002500
facility in N. Dakota	8054	00005400
facility in Ohio	8043	00004300
facility in Oklahoma	8075	00007500
facility in Oregon	8095	00009500
facility in Pennsylvania	8014	00001400
facility in Puerto Rico	8101	10100000
facility in Rhode Island	8006	00000600
facility in S. Carolina	8026	00002600
facility in S. Dakota	8055	00005500
facility in Tennessee	8031	00003100
facility in Texas	8077	00007700
facility in Utah	8084	00008400
facility in Vermont	8004	00000400
facility in Virginia	8023	00002300
facility in W. Virginia	8024	00002400
facility in Washington State	8093	00009300
facility in Wisconsin	8051	00005100
facility in Wyoming	8082	00008200
Fairlawn Hosp	2098	0006142320
Fairview	2052	0006141010
Fallon Health Care	5002	
Falmouth	2289	0006140923
Farren Care Ctr	3926	

Facility (short name)	MCR Code	ACoS Code
Faulkner	2048	0006140310
Forestview NH	3904	
Franklin Med Ctr	2120	0006141020
Glen Ridge NH	3919	
Hahnemann Hosp - Boston	2091	0006140340
Hale	2131	0006141080
Harrington Memorial	2143	0006141890
Harvard Vanguard	5001	
Health Alliance Leominster Burbank	2127	0006141190
Henry Heywood	2036	0006140980
Hillcrest (Berkshire)	2313	
Holy Family	2225	0006141355
Holyoke	2145	0006141110
Hubbard Regional	2157	0006142130
Island Terrace NH	3614	
Jewish NH of Western MA	3772	
Jewish Rehab Ctr	3776	
JML Care Ctr	3917	
Jordan	2082	0006141720
Joseph P. Kennedy Jr. Meml Hosp	2221	0006140610
Lafayette Convalescent	3291	
Lahey Clinic Hosp (Hitchcock)	2342	0006140690
Laurel Ridge NH	3711	
Lawrence F. Quigley Meml Hosp	2827	0006140815
Lawrence General	2099	0006141170
Lawrence Memorial	2038	0006141330
Lemuel Shattuck State Hosp	2821	
Life Care Ctr Attleboro	3942	
Life Care Ctr Auburn	3978	
Life Care Ctr Merrimac Valley	3725	
Lowell General	2040	0006141200
Ludlow Hospital	2160	0006141250
Lutheran Home of Worc	3121	
Malden	2041	0006141280
Marian Mnr	3506	
Mariner Health SE	3796	
Marlborough	2103	0006141300

Facility (short name)	MCR Code	ACoS Code
Martha's Vineyard	2042	0006141640
Mary Lane	2148	0006142100
Maryann Morse NH	3936	
Mass. Eye & Ear (MGH)	2168	0006140420
Mass. General	2168	0006140430
Mass. Respiratory	2282	
Med Ctr of Central Mass/Umass	2841	
Melrose-Wakefield	2058	0006141340
Mercy	2149	0006141940
MetroWest	2020	0006140960
Milford-Whitinsville	2105	0006141395
Milton	2227	0006141410
Morton	2022	0006142000
Mt. Auburn	2071	0006140780
N. Shore Children's Hosp	2113	0006141810
Nantucket Cottage	2044	0006141430
New England Baptist	2059	0006140460
New England Medical Center	2299	0006140465
Newton-Wellesley	2075	0006141530
Noble	2076	0006142200
North Adams	2061	0006141560
North Shore Cancer Ctr/Salem	2014	0006141820
Norwell Knoll NH	3722	
Oak Hill Nurs & Rehab	3621	
Odd Fellows Home	3126	
Olympus Specialty Hosp	2223	
Oostermans Rest Home	1241	
Penacook Place	3739	
Prescott House	3839	
Providence Extended Care	3726	
Quaboag on the Common NH	3144	
Quincy	2151	0006141740
Saints Memorial	2029	0006141220
Sancta Maria Nursing Facility	2213	0006140785
Shrewsbury Nurs Rehab Ctr	3694	
Shriners Hosp for Crippled Children	2152	0006141950
Soldiers Home Holyoke	2828	0006141122

Facility (short name)	MCR Code	ACoS Code
Somerville	2001	0006141860
South Shore	2107	0006141900
Southcoast Charlton	2337	0006140905
Southcoast St. Luke's	2010	0006141460

Spaulding Rehab	2321	
St. Anne's Hosp	2011	0006140900
St. Elizabeth's	2085	0006140620
St. Margaret's Hosp for Women	2065	0006140520
St. Patricks Mnr	3699	
St. Vincent's	2128	0006142350
Sturdy Memorial	2100	0006140080
Sunny Acres NH	3170	
Sweet Brook Care Ctr	3080	
Tewksbury State Hosp	2825	
Tobey	2106	0006142110
UMass Medical Center/Memorial	2841	0006142355
Union Atlanticare	2073	0006141260
Westridge Healthcare Ctr	3376	
Whidden	2046	0006140880
Willow Mnr	3701	
Willowood of N. Adams	3013	
Winchester	2094	0006142280
Winchester Nursing Ctr	3828	
Wing Memorial	2181	0006141660
Winthrop Hospital	2013	0006142290
Woburn Nursing Ctr	3207	
Woodlawn Nursing Rehab	3340	

Appendix H

Pediatric Staging Guide

Thanks go to Theresa Hayden from Children's Hospital in Seattle for sharing this staging guide with us when she was the NCRA pediatric registry liaison. It was developed at her institution. She sent it to us in 2000, so it does not refer to ICD-O-3 diagnoses or to SEER Summary Stage 2000.

This Guide may be used as a resource to help explain what some of the codes used in the Pediatric Stage fields represent. (Be aware that physicians at other institutions may stage pediatric cases in different ways.)

Children's
Hospital & Regional Medical Center

Cancer Registry Manual

Staging Guide for Pediatric Cancers

This guide has been developed and reviewed by the following people for use at Children's Hospital and Regional Medical Center in Seattle Washington.

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Table of Contents

Acute Lymphocytic Leukemia

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Staged according to:

Uniform approach to risk classification and treatment assignment for children with acute lymphoblastic leukemia

Used for:

Acute lymphocytic leukemia

Notes:

- Standardized staging system uses age and WBC at diagnosis. Other criteria are surface markers, sex and number of chromosomes, translocations of chromosomes and the presence or absence of CNS disease at diagnosis. All of these features should be documented clearly in the medical record.
- Burkitt's leukemia has surface immunoglobulin chains
- The rate of the response to therapy is a very good predictor of eventual outcome. Decreased blasts in the 7 and day 14 BM or in peripheral blood when the patient is treated with steroids plus IT therapy.

Stage	Description
Standard Risk	• Age 1 year through 9 years, and • WBC < 50,000
High Risk	• Age < one year, or • Age ≥ 10 years, or • WBC ≥ 50,000

Acute Non-Lymphocytic Leukemia (Page 1 of 2)

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Staged according to:

FAB Classification

CNS disease present or absent

Used for:

Acute non-lymphocytic leukemia

Notes:

Although a standardized staging system does not exist, the FAB classification and the presence or absence of CNS disease at diagnosis should be documented clearly in the medical record.

FAB Class	Description
M0	• Myeloblastic with no maturation • Monocytic cells (%): < 20 • Promyelocytes (%): < 10 • Normoblasts (%): < 50 • Notes: Cells will be <3% peroxidase positive but will have positive myeloid and negative lymphoid reaction by immunophenotyping
M1	• Myeloblastic with minimal maturation • Monocytic cells (%): < 20 • Promyelocytes (%): < 10 • Normoblasts (%): < 50 • Notes: At least 3% of blasts must be peroxidase positive
M2	• Myeloblastic with maturation • Monocytic cells (%): < 20 • Promyelocytes (%): ≥ 10 • Normoblasts (%): < 50 • Notes: > 10% promyelocytes or > 20% total myeloid cells are more mature than blasts. Auer rods, often single, are common

Acute Non-Lymphocytic Leukemia (Page 2 of 2)

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M3	• Promyelocytic • Monocytic cells (%): < 20 • Promyelocytes (%): Predominant cell • Normoblasts (%): < 50 • Notes: Heavily granulated promyelocytes. Cells often contain bundles (faggots) of auer rods
M4	• Myelomonocytic • Monocytic cells (%):≥ 20 • Promyelocytes (%):≥ 10 • Normoblasts (%): < 50 • Notes: In some cases < 20% monocytes will not be present in the marrow but can be diagnosed by finding ≥ 20% monocytic cells in the peripheral blood. The absolute number will usually be above 5000/cmm.
M5	• Monocytic • Monocytic cells (%): > 80 • Promyelocytes (%): < 10 • Normoblasts (%): < 50 • Notes: No notes
M6	• Erythroleukemia • Monocytic cells (%): variable • Promyelocytes (%): variable • Normoblasts (%): <50 • Notes: If 10% of erythroid cells are markedly dyserythropoietic, then 30% normoblasts suffice for the diagnosis.
M7	• Megakaryocytic • Monocytic cells (%): variable • Promyelocytes (%): variable • Normoblasts (%): <50 • Notes: Cells are highly polymorphic; may resemble L1 or L2 lymphoblasts. May be positive for alpha-nephthyl acetate esterase or naphthyl AS-D acetate esterase reactions with fluoride inhibition but almost always negative for alpha-naphthol butryate esterase

Myelodysplastic Syndrome

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Staged according to:

CCG guidelines

Used for:

Refractory anemia, refractory anemia with ringed sideroblasts, refractory anemia with excess blasts (RAEB), and RAEB in Transition (RAEBT)

Diagnosis	Description
Refractory Anemia (RA)	• Peripheral blood: – Reticulocytopenia – Dyserythropoiesis (variable) – Dysgranulopoiesis (infrequent) – Variable pancytopenia – < 1% blasts • BM: – Normal or hypercellular erythroid hyperplasia with dyserythropoiesis – Normal granulocytes – Normal megakaryocytes – < 5% blasts
Refractory Anemia with Ringed Sideroblasts	• Peripheral blood: – Same as RA • BM: – Same as RA except > 15% ringed sideroblasts – < 5% blasts
Refractory Anemia with Excess Blasts (RAEB)	• Peripheral blood: – Same as RA except more pancytopenia and dysgranulopoiesis – < 5% blasts • BM: – Same as RA except dysgranulopoiesis and dysmegakaryocytopoiesis – 5 - 20% blasts
RAEB in Transformation (RAEB-T)	• Peripheral blood: – Same as RAEB except ≥ 5% blasts • BM: – Same as RAEB except Auer rod positive blasts are present – 20 - 30% blasts

Neuroblastoma

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Staged according to:

International System

Used for:

Neuroblastoma

Stage	Description
1	• Localized, and – GTR with or without microscopic residual disease, and – Identifiable bilateral lymph nodes negative microscopically
2A	• Unilateral, with – Incomplete resection, and – Identifiable bilateral lymph nodes negative microscopically
2B	• Unilateral, with – Complete or incomplete resection, and – Microscopically positive ipsilateral nodes but contralateral regional lymph nodes negative
3	• Crosses midline with or without positive regional lymph nodes, or • Unilateral with positive contralateral regional lymph nodes • Midline with positive bilateral regional lymph nodes
4	• Metastatic to distant lymph nodes, bone, bone marrow, liver and/or other organs (except as in 4S).
4S	• Stage 1 or 2 primary tumor with metastases limited to liver, skin, and/or bone marrow (with < 10% tumor), and • Patient is less than one year old

Wilms Tumor

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Staged according to:

National Wilms Tumor Study Group NWTS V Protocol (effective 6/95), per Pizzo & Poplack, 3rd ed.

Used for:

Wilms Tumor

Stage	Description
I	• The tumor, limited to the kidney, was completely excised. • The renal capsule has an intact outer surface. • The tumor was not ruptured or sampled for biopsy before its removal. – Fine needle aspiration biopsy is excluded from this restriction. • The vessels of the renal sinus are not involved. • No evidence of tumor at or beyond the margins of resection is visible.
II	• The tumor extended beyond the kidney but was completely excised. • One may see regional extension of the tumor (i.e., penetration of the renal capsule or extensive invasion of the renal sinus). • The blood vessels outside in the renal parenchyma, including those of the renal sinus, may contain tumor. • Biopsy was performed (except fine needle aspiration), or the tumor spillage before or during the surgery was confined to the flank and did not involve the peritoneal surface. • No evidence of tumor at or beyond the margins of resection is present.
III	• Residual nonhematogenous tumor is present, confined to the abdomen. • Any one of the following may occur: – Lymph nodes within the abdomen or pelvis are found to be involved by tumor (renal, hilar, paraaortic, or beyond; lymph node involvement in the thorax or other extraabdominal sites is a criterion for stage IV. – The tumor has penetrated the peritoneal surface. – Tumor implants are found on the peritoneal surface. – Gross or microscopic tumor remains postoperatively (e.g., tumor cells are found at the margin of surgical resection on microscopic exam). – The tumor is not completely resectable because of local infiltration into vital structures. – Tumor spillage not confined to the flank occurred either before or during surgery.
IV	• Hematogenous metastases (lung, liver, bone, brain, etc) or lymph node metastases outside the abdominopelvic region are present.
V	• Bilateral renal involvement is present at diagnosis. An attempt should be made to stage each side according to the foregoing criteria on the basis of the extent of disease before biopsy or treatment.

Non-Hodgkins Lymphoma

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Staged according to:

St. Jude system

Used for:

Non-Hodgkins Lymphoma

Stage	Description
I	• Single tumor (extranodal) or single anatomic area (nodal), excluding mediastinum or abdomen
II	• Single tumor (extranodal) with regional node involvement on same side of diaphragm: a) Two or more nodal areas b) Two single (extranodal tumors with or without regional node involvement.
III	• Disease on both sides of the diaphragm: a) Two single tumors (extranodal) b) Two or more nodal areas – All primary intrathoracic tumors (mediastinal, pleural, thymic) – All extensive primary intraabdominal disease, unresectable – All primary paraspinal or epidural tumors regardless of other sites
IV	• Any of the above with initial CNS or bone marrow involvement (<25%)

Therapy Stratification by Group for B Cell Non-Hodgkins Lymphoma

Group	Description
A	• Completely resected Murphy stage I, or • Completely resected abdominal Murphy stage II lesions
B	• All cases not eligible for Group A or Group C
C	• Any CNS involvement and/or bone marrow involvement ≥ 25% blasts. • For CNS involvement, one or more of the following applies: – Any L3 blasts in CSF – Cranial nerve palsy (if not explained by extracranial tumor) – Clinical spinal cord compression – Isolated intracerebral mass – Parameningeal extension : cranial and/or spinal

Hodgkins Disease (page 1 of 2)

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Staged according to:

Ann Arbor System

Used for:

Hodgkins Lymphoma

Definitions & Conventions:

- Large mediastinal mass: Tumor diameter > 1/3 of the thoracic diameter (measured at the level of the dome of the diaphragm on a 6 foot upright PA CXR)
- Large extra-mediastinal nodal aggregate: > 10 cm
- B Symptoms:
  - Unexplained loss of more than 10% of body weight in the six months before diagnosis;
  - Unexplained fever with temperatures above 39°C; and
  - Drenching night sweats.
  - Pruritis alone does not qualify for B classification, * nor does a short febrile illness associated with an infection.
    Note: Pruritis as a systemic symptom remains controversial. This symptom is hard to define quantitatively and uniformly, but when it is recurrent, generalized, and otherwise unexplained, and when it ebbs and flows parallel to disease activity, it may be the equivalent of a B symptom.
  - If present, append a "**B**" to the numeric stage. If absent, append an "**A**" to the numeric stage.
- Involvement of an extralymphatic organ or site:
  - Append the letter "**E**" after the "A" or "B".
- Splenic involvement:
  - Append the letter "**S**" after the "A" or "B".

Hodgkins Disease (page 2 of 2)

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Stage	Description
IA	• Single lymph node region • B symptoms *absent*
IB	• Single lymph node region • B symptoms *present*
IIA	• Two or more lymph node regions on the same side of the diaphragm • B symptoms *absent*
IIB	• Two or more lymph node regions on the same side of the diaphragm • B symptoms *present*
IIIA	• Disease on both sides of the diaphragm • B symptoms *absent*
IIIB	• Disease on both sides of the diaphragm • B symptoms *present*
IVA	• Disseminated • B symptoms *absent*
IVB	• Disseminated • B symptoms *present*

Group Classification for Hodgkins Lymphoma (ONLY use for CCG 5942)

Group	Description
1	• Stage IA or IIA without large mediastinal mass and/or large extramediastinal nodal aggregate
2	• Stage IIIA or IVA without large mediastinal mass and/or large extramediastinal nodal aggregate
3	• Stage IA-IVA with large mediastinal mass and/or large extramediastinal nodal aggregate • Stage IB-IVB regardless of mediastinal mass or extramediastinal nodal aggregate

Rhabdomyosarcoma (page 1 of 5)

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Staged according to two systems:

1. Clinical TNM (As modified by the International Rhabdomyosarcoma Study Group)

2. International Rhabdomyosarcoma Study Group Clinical Grouping Classification

Used for:

Rhabdomyosarcoma

TNM Definitions:

TUMOR

T (site) 1 = confined to anatomic site of origin
a ≤ 5 cm diameter in size
b > 5 cm diameter in size
T (site) 2 = extension and/or fixation to surrounding tissue
a ≤ 5 cm diameter in size
b > 5 cm diameter in size

REGIONAL NODES

N0 regional nodes not clinically involved
N1 regional nodes clinically involved by neoplasm
Nx clinical status of regional nodes unknown (especially sites that preclude lymph node evaluation)

METASTASES

M0 no distant metastasis
M1 metastasis present

Rhabdomyosarcoma (page 2 of 5)

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Anatomic Definitions:

1. PARAMENINGEAL

1.1. Middle Ear

- This refers to a primary which begins medial to the tympanic membrane. This tumor is often advanced at presentation and because of extension laterally may present with a mass in front of or under the ear suggesting a parotid origin. It may also extend through the tympanic membrane and appear to be arising in the ear canal. When there is doubt about the site of origin, the "middle ear" designation should be picked as it implies the more aggressive therapy required for parameningeal sites.

1.2. Nasal Cavity and Paranasal Sinuses

- The three paranasal sinuses are the maxillary sinuses, the ethmoid sinuses, and the sphenoid sinus. These surround the nasal cavity and a primary in one will frequently extend to another. It can be difficult to determine the exact site of origin but the choice is academic as the randomization is not affected. The site designation will have a bearing on the design of radiotherapy portals.
- Tumor arising in the maxillary or the ethmoid sinuses may invade the orbit. This is much more likely than a primary in the orbit invading one of the sinuses. When the distinction between orbit and paranasal sinus is unclear, the site selected should be paranasal sinus as it the more likely primary site and requires appropriately more aggressive therapy.
- A primary arising in the sphenoid sinus (rare) may extend inferiorly to involve the nasopharynx. Again the choice of site is academic as the therapy is not different.

1.3. Nasopharynx

- This refers to the superior portion of the pharynx which is bounded anteriorly by the back of the nasal septum, superiorly by the sphenoid sinus, inferiorly by a level corresponding to the soft palate, and laterally and posteriorly by the pharyngeal walls.

1.4. Infratemporal Fossa/Parapharyngeal Area

- This refers to the tissues bounded laterally by the medial lobe of the parotid gland and medially by the pharynx. Large tumors in this region may extent through the parotid gland and present as a mass of the lateral face, sometimes extending even to the cheek. Where there is doubt as to the primary, the parameningeal designation should be chosen as it confers appropriately more aggressive treatment. The superior boundary of this tissue volume is the base of the skull just under the temporal lobe, hence the term "infratemporal." The distinction between this and the " parapharyngeal" area is academic.

2. ORBIT

2.1. Eyelid

- This site is sometimes erroneously designated as "eye." Although there may be one case arising from the conjunctiva of the eye, the globe itself is not a primary site. The eyelid is much less frequent than the orbit itself.

2.2. Orbit

- This refers to the bony cavity which contains the globe, nerve and vessels, and he extra ocular muscles. Tumor in this site will only rarely invade the bony walls and extend into the adjacent sinuses. This is why this tumor which is clearly adjacent to the skull base and its meninges is not by its natural history appropriate to include in the parameningeal sites.

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3. HEAD AND NECK

3.1. Scalp
- This site includes primaries arising apparently in or just below the skin of all the tissues of the face and head that are not otherwise specified below. This usually means the scalp, external ear and pinna, the nose and forehead, but not the eyelids or cheek.

3.2. Parotid
- The parotid gland lies just in front of and under the ear and may surround both sides of the posterior aspect of the ascending ramus of the mandible. As noted above, large primaries in the infratemporal fossa may erode through the parotid. A true parotid primary should not, on radiographic studies, reveal a mass in the infratemporal fossa.

3.3. Oral Cavity
- This includes the floor of the mouth, the buccal mucosa, the upper and lower gums, the hard palate, and the oral tongue (that portion of the tongue anterior to the circumvallate papillae). A primary arising in the buccal mucosa can be impossible to distinguish from one arising in the cheek but the distinction is academic. This would also include those lesions arising in and near the lips.

3.4. Larynx
- This refers to primaries arising in the subglottic, glottic, or supraglottic tissues. Tumors of the aryepiglottic folds can be difficult to distinguish from the hypopharynx but the distinction is academic.

3.5. Oropharynx
- This includes tumors arising from the anterior tonsillar pillars, the soft palate, the base of the tongue, the tonsillar fossa, and oropharyngeal walls.
- Tumors arising in the peripharyngeal space may indent the oropharyngeal wall. In this circumstance, the primary should be considred parameningeal.
- If the mucosa of the oropharynx actually contains visible tumor as opposed to being bulged by it, the primary would be oropharynx.
- Primaries arising in the tongue base, soft palate, or tonsillar region may extend into the oral cavity. The oropharynx designation is preferred.

3.6. Cheek
- This refers to the soft tissues of the face that surround the oral cavity. Tumors arising in the parotid may invade the cheek. As noted above, the distinction between this and the buccal mucosa is academic.

3.7. Hypopharynx
- This refers to the pyriform sinus and may be difficult to distinguish from larynx.

3.8. Thyroid and Parathyroid
- Primaries arising in these two sites are exceedingly rare, if they exist at all. If those structures are involved, it would more likely be from a primary arising in an adjacent structure such as the trachea..

3.9. Neck
- This refers to the soft tissues of the lateral neck between the mastoid tip and the clavicle. It does not include those medial structures such as hypopharynx and larynx noted above. Unfortunately this site overlaps with the designation "paraspinal" included under the site group "trunk." Primaries arising in the neck can and frequently do behave as a paraspinal primary with direct invasion into the spinal extradural space.

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Clinical TNM Classification

Stage	Sites	T	Size	N	M
1	• Orbit • Head & Neck (excluding parameningeal) • GU - non bladder/non prostate	1 or 2	a or b	N0 or N1 or Nx	M0
2	• Bladder • Prostate • Extremity • Cranial • Parameningeal • Other (including trunk, retroperitoneum, etc)	1 or 2	a	N0 or Nx	M0
3	• Bladder • Prostate • Extremity • Cranial • Parameningeal • Other (including trunk, retroperitoneum, etc)	1 or 2 1 or 2	a b	N1 N0 or N1 or Nx	M0 M0
4	• All	1 or 2	a or b	N0 or N1	M1

Rhabdomyosarcoma (page 5 of 5)

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IRS Clinical Group Classification

Clinical Group	Description
I	• Localized disease – Regional lymph nodes not involved - lymph node biopsy or dissection required except for head & neck lesions • Completely resected – This includes both gross inspection and microscopic confirmation of complete resection. Any nodes may inadvertently taken with the specimen must be negative. If the latter should be involved microscopically, then patient is placed in Clinical Group IIB or IIC.
IA	• Localized to muscle or organ of origin • Completely resected
IB	• Contiguous involvement - infiltration outside the muscle or origin of origin, as through fascial planes. • Completely resected
II	• Gross total resection with evidence of regional spread
IIA	• Gross total resection with microscopic residual disease – Surgeon believes all tumor has been removed, but pathologist finds tumor at margin of resection and additional resection to achieve clean margin is not feasible. – No evidence of gross residual tumor. – No evidence of regional lymph node involvement – Once radiotherapy and/or chemotherapy have been started, re-exploration and removal of the area of microscopic residual does not change patient's group.
IIB	• Regional disease with involved lymph nodes, completely resected with no microscopic residual – Complete resection with microscopic confirmation of no residual disease makes this different from Groups IIA and IIC. – In contrast to Group IIA, regional nodes (which must be completely resected) are involved, but the most distal node is histologically negative.
IIC	• Regional disease with involved nodes, grossly resected, but with evidence of microscopic residual and/or histologic involvement of the most distal regional node (from the primary site) in the dissection. – The presence of microscopic residual disease makes this group different from Group IIB, and nodal involvement makes this group different from Group IIA.
III	• Incomplete resection with gross residual disease
IIIA	• Incomplete resection with gross residual disease • After biopsy only
IIIB	• Incomplete resection with gross residual disease • After gross or major resection of the primary tumor (> 50%)
IV	• Distant metastatic disease present at onset – Includes lung, liver, bones, bone marrow, brain, and distant muscle and nodes. – Excludes regional nodes and adjacent organ infiltration which places the patient in a more favorable grouping (as noted under Group II) – The presence of positive cytology in CSF, pleural or abdominal fluids as well as implants on pleural or peritoneal surfaces are regarded as indications for placing the patient in Clinical Group IV.

Soft Tissue Sarcoma, Nonrhabdo (Page 1 of 4)

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Staged according to:

AJCC Cancer Staging Manual, 5th Edition, Soft Tissue Sarcoma chapter, pp 149-156

Used for:

- All soft tissue sarcomas except:
  - ✗ Rhabdomyosarcoma
    This is a departure from the inclusion criteria in the AJCC Cancer Staging Manual because this hospital has chosen to use a simplified version of this TNM scheme in addition to the International Rhabdomyosarcoma Study Group staging scheme for rhabdomyosarcoma.
  - ✗ Kaposi's sarcoma
  - ✗ Dermatofibrosarcoma [protuberans]
  - ✗ Fibrosarcoma grade I [desmoid tumor]
  - ✗ Sarcoma arising from the dura mater, brain, parenchymatous organs or hollow viscera

- Soft tissue sarcomas (excluding those just stated to be excluded) arising in any of these anatomic sites:

C38.0	Heart
C38.1	Anterior mediastinum
C38.2	Posterior mediastinum
C38.3	Mediastinum, NOS
C38.8	Overlapping lesion of heart, mediastinum, & pleura
C47.0	Peripheral nerves & autonomic nervous system of head, face, & neck
C47.1	Peripheral nerves & autonomic nervous system of upper limb & shoulder
C47.2	Peripheral nerves & autonomic nervous system of lower limb & hip
C47.3	Peripheral nerves & autonomic nervous system of thorax
C47.4	Peripheral nerves & autonomic nervous system of abdomen
C47.5	Peripheral nerves & autonomic nervous system of pelvis
C47.6	Peripheral nerves & autonomic nervous system of trunk, NOS
C47.8	Overlapping lesion of peripheral nerves & autonomic nervous system
C47.9	Autonomic nervous system, NOS
C48.0	Retroperitoneum
C48.1	Specified parts of peritoneum
C48.2	Peritoneum, NOS
C48.8	Overlapping lesion of retroperitoneum & peritoneum
C49.0	Connective, subcutaneous, & other soft tissues of head, face, & neck
C49.1	Connective, subcutaneous, & other soft tissues of upper limb & shoulder
C49.2	Connective, subcutaneous, & other soft tissues of lower limb & hip
C49.3	Connective, subcutaneous, & other soft tissues of thorax
C49.4	Connective, subcutaneous, & other soft tissues of abdomen
C49.5	Connective, subcutaneous, & other soft tissues of pelvis
C49.6	Connective, subcutaneous, & other soft tissues of trunk, NOS
C49.8	Overlapping lesion of connective, subcutaneous, & other soft tissues
C49.9	Connective, subcutaneous, & other soft tissues of, NOS

Soft Tissue Sarcoma, Nonrhabdo (Page 2 of 4)

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Notes:

For more detailed discussion of this staging system, refer to the AJCC Cancer Staging Manual.

A patient may be staged twice: Once clinically (prior to definitive therapy) and once pathologically (after resection of primary). The clinical and pathologic stages may or may not be the same.

In both clinical and pathologic staging, a T (primary tumor), N (regional lymph nodes), M (distant metastases), and a G (histopathologic grade) is assigned. The patient will then be assigned to a stage grouping, based on the TNM and G staging values, as defined in the staging table.

DEPTH: Superficial is defined as lack of any involvement of the superficial investing muscular fascia in extremity lesions. For practical purposes, all retroperitoneal and visceral lesions will be deep lesions.

1. Superficial
   a. Lesion does not involve superficial fascia
2. Deep
   a. Lesion is deep to or invades the superficial (investing) fascia.
   b. All retroperitoneal visceral lesions or lesions with major vessel invasion, intathoracic lesions, and the majority of heand and neck tumor are considered deep.
3. Depth should be a subcategory of tumor size (T):
   a. Tumor … 5 cm: T1a = superficial, T1b = deep
   b. Tumor > 5 cm: T2a = superficial, T2b = deep

NODAL INVOLVEMENT: Because of the rarity of lymph node involvement in sarcomas, the designation of NX may not be appropriate and could be considered N0 if no clinical involvement is evident.

GRADE: Grade should be assigned. The following grading system is preferred:

Grade X:	Grade cannot be assessed
Grade 1:	Well differentiated
Grade 2:	Moderately differentiated
Grade 3:	Poorly differentiated
Grade 4:	Undifferentiated

Soft Tissue Sarcoma, Nonrhabdo (Page 3 of 4)

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Stage	Description
	PRIMARY TUMOR (T)
TX	• Primary tumor cannot be assessed
T0	• No evidence of primary tumor
T1 T1a T1b	• Tumor 5 cm or less in greatest diameter • Superficial tumor • Deep tumor
T2 T2a T2b	• Tumor more than 5 cm in greatest diameter • Superficial tumor • Deep tumor
	REGIONAL LYMPH NODES (N)
NX	• Regional lymph nodes cannot be assessed
N0	• No regional lymph node metastases
N1	• Regional lymph node metastases present
	DISTANT METASTASES (M)
MX	• Distant metastases cannot be assessed
M0	• No distant metastases
M1	• Distant metastases present
	HISTOPATHOLOGIC GRADE (G)
GX	• Grade cannot be assessed
G1	• Well differentiated
G2	• Moderately differentiated
G3	• Poorly differentiated
G4	• Undifferentiated

(Continue to next page for stage gropuings)

Soft Tissue Sarcoma, Nonrhabdo (Page 4 of 4)

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Stage	Description
	STAGE GROUPING
IA	• Low grade, small, superficial or deep • G1-2, T1a-1b, N0, M0
IB	• Low grade, large, superficial • G1-2, T2a, N0, M0
IIA	• Low grade, large, deep • G1-2, T2b, N0, M0
IIB	• High grade, small, superficial or deep • G3-4, T1a-1b, N0, M0
IIC	• High grade, large, superficial • G3-4, T2a, N0, M0
III	• High grade, large, deep • G3-4, T2b, N0, M0
IV	• Any metastases or regional node involvement • Any G, any T, N1, M0 • Any G, any T, N0, M1

Bone (Page 1 of 2)

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Staged according to:

AJCC Cancer Staging Manual, 5th Edition, Bone chapter, pp 143-147

Used for:

- All sarcomas arising in bone except:
  - ✗ Juxtacortical osteosarcoma
  - ✗ Juxtacortical chondrosarcoma
  - ✗ Primary malignant lymphoma
  - ✗ Multiple myeloma

Notes:

For more detailed discussion of this staging system, refer to the AJCC Cancer Staging Manual.

A patient may be staged twice: Once clinically (prior to definitive therapy) and once pathologically (after resection of primary). The clinical and pathologic stages may or may not be the same.

In both clinical and pathologic staging, a T (primary tumor), N (regional lymph nodes), M (distant metastases), and a G (histopathologic grade) is assigned. The patient will then be assigned to a stage grouping, based on the TNM and G staging values, as defined in the staging table.

HISTOPATHOLOGIC TYPE:

A. Bone forming
   1. Osteosarcoma (osteogenic sarcoma)
B. Cartilage forming
   1. Chondrosarcoma
   2. Mesenchymal chondrosarcoma
C. Giant cell tumor, malignant
D. Ewing's sarcoma
E. Vascular tumors
   1. Hemangioendothelioma
   2. Hemangiopericytoma
F. Connective tissue tumors
   1. Fibrosarcoma
   2. Liposarcoma
   3. Malignant mesenchymoma
   4. Undifferentiated sarcoma
G. Other tumors
   1. Chordoma
   2. Adamantinoma of long bones

NODAL INVOLVEMENT: Because of the rarity of lymph node involvement in sarcomas, the designation of NX may not be appropriate and could be considered N0 if no clinical involvement is evident.

GRADE: Grade should be assigned. The following grading system is preferred:

Grade X:	Grade cannot be assessed
Grade 1:	Well differentiated
Grade 2:	Moderately differentiated
Grade 3:	Poorly differentiated
Grade 4:	Undifferentiated (Ewing's sarcoma is classified as Grade 4)

Bone (Page 2 of 2)

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Stage	Description
	PRIMARY TUMOR (T)
TX	• Primary tumor cannot be assessed
T0	• No evidence of primary tumor
T1	• Tumor confined within the cortex
T2 T2a T2b	• Tumor invades beyond the cortex • Tumor 8 cm or less in greatest dimension • Tumor more than 8 cm in greatest dimension
	REGIONAL LYMPH NODES (N)
NX	• Regional lymph nodes cannot be assessed
N0	• No regional lymph node metastases
N1	• Regional lymph node metastases present
	DISTANT METASTASES (M)
MX	• Distant metastases cannot be assessed
M0	• No distant metastases
M1	• Distant metastases present
	HISTOPATHOLOGIC GRADE (G)
GX	• Grade cannot be assessed
G1	• Well differentiated/Low grade
G2	• Moderately differentiated/Low grade
G3	• Poorly differentiated/High grade
G4	• Undifferentiated/High grade
	STAGE GROUPING
IA	• G1-2, T1, N0, M0
IB	• G1-2, T2, N0, M0
IIA	• G3-4, T1, N0, M0
IIB	• G3-4, T2, N0, M0
III	• Not defined
IVA	• Any G, any T, N1, M0
IVB	• Any G, any T, any N, M1

Germ Cell, Extragonadal

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Staged according to:

CCG Guidelines

Used for:

Any germ cell tumor not arising in the ovaries or testis.

Stage	Description
I	• Gross total resection with negative margins
II	• Microscopic residual with negative regional lymph nodes, or • No microscopic residual but positive regional lymph nodes
III	• Gross residual or biopsy only
IV	• Metastatic

Germ Cell, Ovarian

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Staged according to:

CCG Guidelines

Used for:

Any germ cell tumor arising in the ovaries.

Notes:

Lymph node sizes referred to here must be as measured by the patholgist

Stage	Description
I	• Limited to ovaries • Markers normal after appropriate half life decline
II	• Microscopic residual or positive regional lymph nodes (≤ 2 cm) • Peritoneal washings negative for malignant cells – Presence of gliomatosis peritonei does not result in changing to stage II disease to higher stage.
III	• Regional lymph nodes positive (> 2 cm) • Gross residual or biopsy only • Contiguous visceral involvement (omentum, intestine, bladder) • Positive peritoneal washings
IV	• Metastatic

Germ Cell, Testicular

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Staged according to:

CCG Guidelines

Used for:

Any germ cell tumor arising in the testis.

Notes:

Lymph node sizes referred to here must be as measured by the pathologist

AFP half life = 5 days

βHCG = 16 hours

Stage	Description
I	• Limited to testis • Completely resected by high inguinal orchiectomy • No clinical, radiographic, or histologic evidence of disease beyond the testes • Markers normal after appropriate half life decline. • Patients with normal or unknown tumor markes at diagnosis must have a negative ipsilateral retroperitoneal node sampling to confirm Stage I disease.
II	• Transcrotal orchiectomy • Microscopic disease in scrotum or high in spermatic cord (≤ 5 cm from proximal end) • Retroperitoneal lymph node involvement (≤ 2 cm), and/or • Increased tumor markers after appropriate half life decline.
III	• Retroperitoneal lymph node involvement (≥ 2 cm) • No visceral or extra-abdominal involvement
IV	• Metastatic

Liver

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Staged according to two systems:

1. CCG Guidelines

2. AJCC Cancer Staging Manual, 5th Edition, Liver chapter, pp 97-101

Used for:

Liver tumors.

CCG Staging Scheme

Stage	Description
I	• Gross total resection
IA	• Gross total resection, and – Favorable histology
IB	• Gross total resection, and – Unfavorable histology
II	• Microscopoic residual, and – Negative regional lymph nodes, and – No tumor spill
IIA	• Gross total resection, with either – Regional lymph nodes positive, or – Tumor spill
IIB	• Subtotal resection
III	• Gross residual tumor with either – Regional lymph nodes positive, or – Tumor spill
IIIA	• Gross total resection with either – Regional lymph nodes positive, or – Tumor spill
IIIB	• Gross residual tumor
IV	• Metastatic
IVA	• Gross total resection with metastases
IVB	• Gross residual tumor with metastases

Medulloblastoma

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Staged according to:

CCG Guidelines, noted as derived from classification system of Chang, et al.

Used for:

Medulloblastoma

Comments:

Per Dr. Russ Geyer 8/99, current CCG studies only use the "M" category of the Chang system and not the "T" category. Therefore, only the "M" category is shown here.

Stage	Description
M0	• No evidence of gross subarachnoid or meatogenous metastases
M1	• Microscopic tumor cells found in cerebrospinal fluid
M2	• Gross nodular seedings demonstrated in the cerebellar, cerebral subarachnoid space, or in the third or lateral ventricles
M3	• Gross nodular seedings in the spinal subarachnoid space
M4	• Extraneural metastases

Brain, Non-Medulloblastoma

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Staged according to:

CCG Guidelines

Used for:

Any brain tumor except medulloblastoma.

Comments:

Per Dr. Russ Geyer 8/99, current CCG studies only use the "M" category of the Chang system and not the "T" category. Therefore, only the "M" category is shown here.

Stage	Description
MX	• Presence of mets cannot be assessed
M0	• No distant mets
M1	• Distant mets present

Histiocytosis

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Staged according to:

Lahey's Criteria (1975)

Used for:

Any Histiocytosis.

Stage	Description
I	• Without organ dysfunction as defined in stage II
II	• With any organ dysfunction as defined here: • LIVER: – Hyponatremia (< 5.5 mg/dl Ttl protein &/or < 2.5 gm/dl Albumin) – Acites – Hyperbilirubinemia (> 1/5mg/dl not due to hemolysis) – PTT > 50% of control value • HEMATOPOIETIC: – Anemia (< 9 gm/dl Hgb, not due to iron deficiency or other known etiology) – Neutropenia (neutrophils < 1500/mm3) • LUNG: – Tachypnea due to the disease itself – Dyspnea due to the disease itself – Cyanosis due to the disease itself – Pneumothorax or pleural effusion (with or without cough) due to the disease itself

Retina

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Staged according to:

Reese-Ellsworth Classification

Used for:

Retinoblastoma

Group	Description
I A	• VERY FAVORABLE. Solitary tumor, smaller than 4 disk diameters (1DD = 1.5 mm), at or behind the equator
I B	• VERY FAVORABLE. Multiple tumors, none larger than 4 disk diameters, all at or behind the equator.
II A	• FAVORABLE. Solitary tumor, 4-10 disk diameters, at or behind the equator.
II B	• FAVORABLE. Multiple tumors, 4-10 disk diameters, behind the equator
III A	• DOUBTFUL. Any lesion anterior to the equator.
III B	• DOUBTFUL. Solitary tumors larger than 10 disk diameters behind the equator.
IV A	• UNFAVORABLE. Multiple tumors, some larger than 10 disk diameters.
IV B	• UNFAVORABLE. Any lesion extending anteriorly to the ora serrata
V A	• VERY UNFAVORABLE. Tumors involving more than half of the retina
V B	• VERY UNFAVORABLE. Vitreous seeding.